LIFE SETTLEMENT PROVIDER
RENEWAL LICENSEAPPLICATION
FOR THE PERIOD JULY 1, 2025, THROUGH JUNE 30, 2027

General Instructions: Applications must be submitted IN DUPLICATE.

One application, including all applicable attachments, should be sent to:

New York State Department of Financial Services
1 State Street, New York NY 10004
Attn: Marc Tse, Insurance Examiner, Life Bureau

A duplicate application, including all attachments, and a check for the renewal license fee in the amount of $5,000.00 made payable to "Superintendent of Financial Services" should be sent to:

New York State Department of Financial Services
One Commerce Plaza, Albany, NY 12257
Attn: Licensing Services Bureau

- Attach addendum or separate sheets if additional space is needed to answer a question fully.
- IF THE ANSWER TO ANY QUESTION IS "NO," "NONE" OR "NOT APPLICABLE," SO STATE.
- Any addendum, separate sheet, or supporting document that is attached to and/or enclosed with this application form should be clearly labeled as belonging to this application.

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1. Name of Applicant: _____

2. Assumed name (DBA) approved for use in New York (if any): _____

3. Any other names under which the applicant is operating or has operated in any jurisdiction, if different than the above: _____

4. Home Office Address:

_____
(Street or PO Box)

_____
(City) (State) (Zip Code)

5. Mailing Address:

_____
(Street or PO Box)

_____
(City) (State) (Zip Code)

6. Address for the actual operation and records repository of the applicant:

(Street or PO Box)

(City) (State) (Zip Code)

7. Website URL (if any):

8. Name of the contact person to address any questions regarding this application:

Mailing Address:

E-mail Address:

Direct telephone number:

9. Type of Business Organization: ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Other (Identify/Explain below)

10. State of Domicile:

11. Date Incorporated or Organized:

12. Federal Employer Identification Number:

13. List all states in which an application for a life/viatical settlement provider license is currently pending:

14. List all states in which the applicant is currently licensed or registered as a life/viatical settlement provider or is currently operating as a life/viatical settlement provider where no license/registration is required:

15. List all states in which a life/viatical settlement provider application has been refused, denied, revoked or suspended (provide an explanation of the regulatory action for each listed state):

16. Provide the information below for all stockholders (except stockholders owning fewer than ten percent of the voting shares of the applicant whose shares are publicly traded), partners, officers, members, directors, and persons with a controlling interest. (For the purposes of this list, "controlling interest" means a person who directly or indirectly, has the power to cause to be directed the management, control or activities of the applicant.)

Full Name	Title	Social Security Number	Address	% Ownership

17. **Since execution and filing of its last application**, have there been any changes in the applicant's ownership as reported in item 16 above? If yes, attach a description of the changes and an updated organizational chart. ☐ Yes ☐ No

18. **Since execution and filing of its last application and where not previously reported to the Department**, with regard to the applicant, and all stockholders (as excepted above), partners, officers, members, directors, and persons with a controlling interest who are conducting the business of the applicant:

A. Have any been found guilty of fraudulent or dishonest practices? ☐ Yes ☐ No

B. Have any been subject to a final administrative action or otherwise been shown to be untrustworthy or incompetent to act as a life or viatical settlement provider or broker? ☐ Yes ☐ No

C. Have any been found guilty of demonstrating a pattern of unreasonable payments to owners or insureds in life settlement transactions or viators in viatical settlement transactions? ☐ Yes ☐ No

D. Have any been convicted of a felony or any misdemeanor involving moral turpitude? ☐ Yes ☐ No

E. Have any been found guilty in unlawfully engaging in the business of life or viatical settlements in other states? ☐ Yes ☐ No

F. Have any been found guilty of failing to honor contractual obligations set out in a life or viatical settlement contract? ☐ Yes ☐ No

G. Have any, or has any business in which any are or were a stockholder (as excepted above), partner, officer, member, director, or person with a controlling interest, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ Yes ☐ No

If the response to any of the questions above is **Yes**, please provide details including dates, locations, disposition, etc. (attaching supporting documentation, as appropriate). If a Biographical Affidavit provided with application already addresses such a response, please identify the individual.

Attach the following documents, completed forms and items. (Referenced forms are posted on the Department's website.) Use the check box to indicate that the item is enclosed.

☐ A non-refundable fee of $5,000.00. Checks should be made payable to: "Superintendent of Financial Services" and included with the original application sent to Licensing Services Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, NY 12257.

☐ Certified copy of Articles of Incorporation, with all amendments; if an LLC, submit Articles of Organization, with all amendments; if partnership, submit Partnership Agreement with all amendments. **(*Only amendments that have not been previously filed with the Department need to be submitted with this application.*)**

☐ Certified copy of current By-Laws (Operating Agreement if LLC). ***(Only amendments that have not been previously filed with the Department need to be submitted with this application.)***

☐ A power of attorney that meets the requirements of Section 7803(e) of the New York Insurance Law designating the Superintendent as attorney for service of process. ***(Complete and submit forms LSP-601, LSP-602 and LSP-603 only if the power of attorney on file with the Department is not current.)***

☐ A listing of all current stockholders (except stockholders owning fewer than ten percent of the voting shares of a life settlement provider whose shares are publicly traded), partners, officers, members, directors, and persons with a controlling interest ***for whom biographical affidavits and fingerprinting have been previously filed with the Department.***

☐ Biographical affidavits of all stockholders (except stockholders owning fewer than ten percent of the voting shares of a life settlement provider whose shares are publicly traded), partners, officers, members, directors, and persons with a controlling interest, including fingerprints filed in compliance with the Electronic Fingerprinting procedure, ***where such biographical affidavits and fingerprinting have not been previously filed with the Department.*** (Complete NAIC Biographical Affidavit – Form 11 for each individual.) The Electronic Fingerprinting Procedure is posted on the Insurance Department website.

☐ Untrustworthy Commitment. ***(Complete and submit form LSP-UTC only if biographical affidavits and fingerprinting are being submitted.)***

☐ Evidence of financial accountability as required by Section 7803(c)(2)(E) of the New York Insurance Law. Indicate the manner in which financial accountability is or will be evidenced:

- ☐ Assets in excess of liabilities in an amount at least equal to $250,000 as reflected in the applicant's financial statements.
- ☐ A surety bond in an amount at least equal to $250,000 placed in trust with the superintendent, issued by an insurer licensed in this State to write fidelity and surety insurance under Section 1113(a)(16) of the Insurance Law, which specifically authorizes recovery by the Superintendent on behalf of a person who sustained damages as the result of erroneous acts, failure to act, or conviction of fraud or unfair practices by the life settlement provider.
- ☐ Securities placed in trust with the superintendent consisting of securities of the types specified in Section 1402(b)(1) and (2) of the Insurance Law, estimated at an amount not exceeding their current market value, but with a total par value not less than$250,000.

☐ A copy of the applicant's most recent audited financial statement.

☐ An updated plan of operation describing any changes to the scope of the business conducted **since execution and filing of the applicant's last application.**

☐ Plan of Operation Commitment. ***(Complete and submit form LSP-PlanofOpCommit only if an updated plan of operation is being submitted.)***

Applicant Certification and Attestation

Each of the undersigned must read the following very carefully:

♦I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

♦I further certify that I grant permission to the Superintendent of Financial Services, or other appropriate party to verify information with any federal, state or local government agency, current or former employer.

♦I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.

♦I authorize the Superintendent to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization as referenced in Section 110 of the New York State Insurance Law and I release the Superintendent and any person acting on the Superintendent's behalf from any and all liability of whatever nature by reason of furnishing such information.

♦ I acknowledge that I understand and will comply with the insurance laws and regulations of the State of New York.

THIS APPLICATION MUST BE VERIFIED AND SIGNED BY ALL PERSONS NAMED IN QUESTION 16.

_____

Name of Provider

Signature of Applicant	Name of Applicant	Title	Date
Signature of Applicant	Name of Applicant	Title	Date
Signature of Applicant	Name of Applicant	Title	Date
Signature of Applicant	Name of Applicant	Title	Date
Signature of Applicant	Name of Applicant	Title	Date

* * CHILD SUPPORT NOTIFICATION * *

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to §11-0713 of the Environmental Law.

Intentional submission of false statements for the purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

* * PRIVACY NOTIFICATION * *

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to the Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation and Finance to identify entities which are delinquent in or have understated their tax liabilities and may be used for any purpose authorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.